

# Retail Food Inspection Report

Floyd County Health Department  
Telephone (812) 948-4726

<b>Establishment Name</b> LITTLE FOOT	<b>Telephone Number</b> Est 812-945-3150 Own 516-262-1218	<b>Date of Inspection</b> 04/18/2022	<b>ID#</b>		
<b>Address</b> 2589 CHARLESTOWN RD, NEW ALBANY IN 47150	<b>Purpose</b> <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	<b>Follow Up</b>	<b>Released</b> 04/28/2022		
<b>Owner</b> VISHAL PATEL		<b>Menu Type</b> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>			
<b>Owner's Address</b> 247 DEEP CREEK DR SHEPHERDSVILLE, KY 40165					
<b>Person in Charge</b> VISHAL PATEL					
<b>Responsible Person's Email</b>					
<b>Certified Food Handler</b>					
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE COLUMN MARKED AS "R"					
<b>Section #</b>	<b>C</b>	<b>NC</b>	<b>R</b>	<b>Narrative</b>	<b>To Be Corrected</b>
<b>Summary of Violations</b> C <input type="checkbox"/> NC <input type="checkbox"/> R <input type="checkbox"/>					
Received by (name and title printed):			Inspected by (name and title printed): Thomas Snider CFS		
Received by (signature):			Inspected by (signature): <i>Thomas Snider</i>		
cc:		cc:		cc:	